

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUN 1 4 2001

Mr. Joel Orlinsky Medical Research Laboratories, Inc. 1000 Asbury Drive Buffalo Grove, IL 60089

Re:

K010207

MRL Portable Instensive Care Biphasic Defibrillator, Model PIC-2H

Regulatory Class: III (three)

Product Code: 74 MKJ, LDD, MWI

Dated: May 16, 2001 Received: May 17, 2001

Dear Mr. Orlinsky:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish

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further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4648. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597, or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

James E. Dillard III

Director

Division of Cardiovascular and

Respiratory Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Attachment III

510(k) Number (if Known): <u>K010207</u>
Device Name: PIC-2H
Indications For Use: Without the SAED option, the PIC-2H is intended primarily for use by emergency responders, trained in advanced life support, cardiac care techniques, interpretation of ECG waveforms, and the use of the PIC-2H. With the SAED option, the PIC-2H may be used by emergency responders, trained in basic life support, cardiac care techniques, and the use of the PIC-2H. The usage may be in an ambulance or at the scene of an emergency. The PIC-2H is also intended for use by (or on the order of) physicians at the scene of an emergency or in a hospital emergency room, intensive care unit, cardiac care unit, or other similar areas of a hospital. It is also intended to be used during the transport of patients between any of the locations mentioned above. The patient population will consist of adults and children (described below), and will consist of patients both with and without heart dysfunction. The PIC-2H will be used primarily on patients experiencing symptoms of cardiac arrest or in a post trauma situation. It may also be used whenever it is required to monitor any of those functions that are included (as options) in the device. Indications for each of the specific functions are discussed below:
DEFIBRILLATOR FUNCTION: The defibrillator function of the PIC-2H is used to treat: ventricular fibrillation and pulseless ventricular tachycardia. The biphasic waveform employed by the PIC-2H has not been clinically tested on pediatric patients. The device has not been evaluated for cardioversion of atrial fibrillation or direct (internal) cardiac defibrillation. The semi-automatic mode should not be used on pediatric patients less than 8 years old.
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(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODR)
Division of Cardiovascular & Respiratory Devices 510(k) Number 101020 -

OR

Prescription Use (Per 21 CFR 801.109

(Optional Format 1-2-96)

Over-The-Counter Use____

Attachment III

ECG MONITOR FUNCTION:

The ECG monitor function of the PIC-2H is used to monitor and/or record ECG waveform and heart rate, and to alarm when heart rate is above or below limits set by the operator. The PIC-2H also provides output signals for the purpose of sending ECG waveforms to a remote monitor via direct connection, telephone, or radio transmission. Patients may range from neo-natal to adult.

EXTERNAL TRANSCUTANEOUS PACEMAKER FUNCTION:

The external transcutaneous pacing function of the PIC-2H is used for the emergency treatment of hemodynamically compromising bradycardia, bradycardia with escape rhythms that are unresponsive to pharmacologic therapy, refractory tachycardia (supraventricular or ventricular), and bradyasystolic cardiac arrest. Patients may range from pediatric to adult.

NON-INVASIVE BLOOD PRESSURE FUNCTION:

The non-invasive blood pressure function of the PIC-2H is used to make non-invasive measurements of arterial pressure and heart rate, and to alarm if either parameter is outside of the limits set by the user. Measurements are made using an inflatable cuff on the patient's arm or (occasionally) leg. Patients may range from pediatric to adult.

TEMPERATURE MONITOR FUNCTION:

The temperature monitor function of the PIC-2H is used to make continuous measurements of rectal, esophageal, or surface temperature, and to alarm if the temperature is outside of the limits set by the user. It is used on patients ranging from neo-natal to adult.

PULSE OXIMETER FUNCTION:

The pulse oximeter function of the PIC-2H is used to monitor pulse rate and oxygen saturation of arteriolar hemoglobin, and to alarm if either parameter is outside of the limits set by the user. It is used on patients ranging from neo-natal to adult. Measurements are made non-invasively at remote sites such as a finger, toe, ear lobe, bridge of nose, etc. It is used on patients ranging from neo-natal to adult.

RESPIRATION RATE MONITOR FUNCTION:

The respiration rate monitor function of the PIC-2H is used to continuously monitor respiration rate and to alarm if the rate falls outside of the range set by the operator. The patients range from neo-natal to adult. Because the measurement method actually measures respiratory effort, apnea episodes with continued respiratory effort (such as obstructive apnea) may not be detected. It is not intended to be used as an apnea monitor. It is used on patients ranging from neo-natal to adult.

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CO₂ MONITOR FUNCTION

The respiration rate monitor function of the PIC-2H is used to measure the concentration of carbon dioxide in a gas mixture to aid in determining the patient's ventilatory status. This device is intended as an indicator of patient carbon dioxide concentration during expiration and is not intended as the sole basis for medical diagnosis.

This CO₂ monitor is intended for use with patients 3 years of age and older. This device is not recommended for patients with low tidal volume such as patients younger than 3 years of age or weighing less than 22 pounds, or patients with a respiration rate greater than or equal to 60 breaths per minute.